

REQUEST FOR CHANGE OF PRINCIPAL AND/OR MEDICAL ADVISOR

INSTRUCTIONS:

1. Complete form and send to Clinical Director for approval and signature.
2. If the Principal Investigator and/or Medical Advisor is the Clinical Director, send the form to the Chair, Institutional Review Board for approval and signature.
3. If approved, send original to Protocol Services, MRD (10/1N204): copies to the Principal Investigator and Institute Protocol Coordinator.
4. If disapproved, return to the requesting Principal Investigator.

TO : _____

FROM : _____

SUBJECT : Request for change of: ☐ Principal Investigator
☐ Medical Advisor

Protocol Number: _____

Protocol Title: _____

Name of New: ☐ Principal Investigator _____

☐ Medical Advisor _____


Reason(s) for Desired Change (Check):

Principal Investigator No Longer With: ☐ Branch ☐ Institute ☐ NIH
Medical Advisor No Longer With: ☐ Branch ☐ Institute ☐ NIH

Other (Explain): _____

☐ APPROVED: I believe that the proposed individual(s) has the knowledge and experience necessary to serve as Principal Investigator and/or Medical Advisor on this protocol.

☐ DISAPPROVED: (Attach reasons for disapproval to form.)

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Clinical Director Institute Date